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|------------------------|---------------|
| Application Number     | 09/054180     |
| Filing Date            | 4/1/1998      |
| First Named Inventor   | Payne et al.  |
| Art Unit               |               |
| Examiner Name          |               |
| Attorney Docket Number | 432383-600054 |

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 24325☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

Name

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Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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